N050000006226

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALLAHASSEF FI ORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FIRST HAITIAN ASSEMBLY OF MAPLES, Flor
DOCUMENT NUMBER: NOS00006226
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
PASTOR ANS CHARLES (Name of Contact Person)
FIRST HATTIAN ASSEMBLY OF GOD OF HADIOS, Florion, I
11869 Collière Blup. (Address)
MADIES, FL 34116 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (239) 465-8300 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status \$\Bigcup \\$60 Certificate of Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32399

Articles of Amendment to Articles of Incorporation of

or
FIRST HAITIAN ASSEMBLY OF GOD OF NADIS FLUETOR -
(Name of corporation as currently filed with the Florida Dept. of State)
ALTER A
M0500006226
(Document number of corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit</i>
Corporation adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in
language; "Company" or "Co." may <u>not</u> be used in the name of a not for profit corporation)
A RATE NUMBER OF STREET AND A STREET ASSESSMENT ASSESS
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
· · · · · · · · · · · · · · · · · · ·
ARTICLE IF THE PRINCIPAL PLACE OF BUSINESS ADDRESS: ALLEX
11869 Collier Blud.
Maria Barian Buru
Maples, Florida 34116
MAILING ADDRESS: AMENDED
A
11869 CONIER Blup.
MADIES, FLORIDA 34116
(Attach additional pages if necessary)
(continued)

The date of adoption of the amendment(s) was: 11 2105		
Effective date if applicable:	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
	is (were) adopted by the members and the number of votes cass sufficient for approval.	
,—,	s or members entitled to vote on the amendment. The vere) adopted by the board of directors.	
have not been select	charles r vice chairman of the board, president or other officer- if directors cted, by an incorporator- if in the hands of a receiver, trustee, or ed fiduciary, by that fiduciary.)	
PA	ed or printed name of person signing)	
	Director	
	(Title of person signing)	

FILING FEE: \$35